STATEMENT OF ORGANIZATION OR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee Initial Statement Amended Statement This is an (check one) COMMITTEE (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City, State, Zip Code) Business Telephone CHAIRPERSON Name Home Telephone William De Vore (316) 681-1713 Mailing Address (Street, City, State, Zip Code) Business Telephone 9020 E. 3546 St. N. P.O. Box 7 80189 (316) 267-321. WICHITA. KS 62278-0189 TREASURER Home Telephone Name (316) 722-7363 Mailing Address (Street, City, State, Zip Code)

Business Telephone

Business Telephone

Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name rea Chamber of Commerce Mailing Address (Street, City, State, Zip Code) Un Douglas. Wichita, k If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

(Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000